

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIAL S	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	1-23-01
FORMALITY REVIEW	ET	926	02-08-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/28/03
2	✓	✓	7/18/03
3	✓	✓	10/16
4	✓	✓	10/16
5	✓	✓	10/16
6	✓	✓	10/16
7	✓	✓	10/16
8	✓	✓	10/16
9	✓	✓	10/16
10	✓	✓	10/16
11	✓	✓	10/16
12	✓	✓	10/16
13	✓	✓	10/16
14	✓	✓	10/16
15	✓	✓	10/16
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27	✓	✓	10/16
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48	✓	✓	10/16
49	✓	✓	10/16
50	✓	✓	10/16

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here